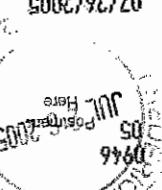


Exhibit 1B

U.S. Postal Service™	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
NEW YORK NY 10026	
Postage	\$ 0.37
Certified Fee	\$ 2.30
Return Receipt Fee	\$ 1.75
Endorsement Fee	\$ 0.00
Total Postage & Fees	\$ 4.42
07/26/2005	
	
SERT TO Celia Weiss and Steven LLP Street Adr No. 33 West 42nd Street City, State, Zip+4 or PO Box No. N.Y. 10036-6571 See Reverse for Instructions PS Form 3880, June 2002	

2006 MAY -2 PM 1:35

CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY							
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Cheryl Lassman <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <u>Printed Name</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>JUL 28 2005</p>							
<p>1. Article Addressed to:</p> <p><i>Cohen, Weiss and Simon LLP ATTN: Deinboll Vighotti 330 west 42nd st New York, NY 10036-6876</i></p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail								
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise								
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.								
<p>2. Article Number <i>(Transfer from service label)</i></p>		<p>7004 1160 0006 3104 1826</p>							